

INDIVIDUAL  
MEDICARE SUPPLEMENT COVERAGE  
SOLD IN NEW JERSEY BY  
PENNSYLVANIA LIFE INSURANCE COMPANY  
TELEPHONE: 1-800-275-7366

Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER			
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS			
PLAN	* MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,068 DEDUCT. (2009)	\$267 COPAY FOR DAYS 61-90 (2009)	\$534 COPAY FOR DAYS 91-150 (2009)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$133.50 COPAY FOR DAYS 21-100 (2009)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$135 ANNUAL DEDUCT. (2009)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE
A	FNS 98.10 FS 113.21 MNS 108.40 MS 125.00	YES **	6 mos.		YES	YES	YES					YES		YES			
B	FNS 127.29 FS 146.87 MNS 140.57 MS 162.21	YES **	6 mos.	YES	YES	YES	YES					YES		YES			
C	FNS 150.07 FS 173.31 MNS 165.87 MS 191.82	YES **	6 mos.	YES	YES	YES	YES	YES			YES	YES		YES	YES		
D	FNS 139.31 FS 160.72 MNS 153.74 MS 177.43	YES **	6 mos.	YES	YES	YES	YES	YES				YES		YES	YES	YES	
F	FNS 154.77 FS 178.58 MNS 170.91 MS 197.24	YES **	6 mos.	YES	YES	YES	YES	YES			YES	YES	YES <sup>100%</sup>	YES	YES		

\* FNS = FEMALE NON-SMOKER      FS = FEMALE SMOKER      MNS = MALE NON-SMOKER      MS = MALE SMOKER

NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

\*\* SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.

\*\*\* PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY

(This information can be found on our web site at [www.state.nj.us/health/senior/ship.shtml](http://www.state.nj.us/health/senior/ship.shtml))

STATE OF NEW JERSEY  
STATE HEALTH INSURANCE  
ASSISTANCE PROGRAM  
S.H.I.P.  
DEPT. OF HEALTH & SENIOR SERVICES  
JANUARY 2009